

CARDIAC RHYTHM DIAGNOSTICS, PC
ALAN BECKLES MD,MS
115 E 57TH STREET, SUITE 1450
NEW YORK, NY 10022

GENERAL MEDICAL INFORMATION

DESCRIBE THE CURRENT MEDICAL REASON/PROBLEM FOR TODAY'S VISIT

PRESENT MEDICATIONS: _____

ALLERGIES TO MEDICATIONS: _____

ALLERGIES (E.G. ITCHINESS OR _____ SPECIFIC BRANDS OF SOAP/LAUNDRY DETERGENT

OTHER PHYSICIANS CURRENTLY TREATING YOU _____

PREVIOUS OR OTHER MEDICAL PROBLEMS _____

LIST ANY PREVIOUS SURGERIES OR HOSPITALIZATION, INCLUDE NUMBER OF MISCARRIAGES AND LIVE BIRTHS _____

ARE YOU PREGNANT, PLANNING A PREGNANCY OR NURSING A CHILD? YES _____ NO _____

DO YOU SMOKE: Y _____ N _____ CIGARETTES _____ PIPES _____ NO. OF YEARS _____ HOW MUCH _____

DO YOU CURRENTLY DRINK ALCOHOL? Y _____ N _____ HOW MANY OUNCES/BEERS PER DAY _____

ARE YOU UNDER A LOT OF PRESSURE AT WORK? Y _____ N _____ IF YES, PLEASE DESCRIBE/EXPLAIN

PERSONAL MEDICAL INFORMATION

HAVE YOU EVER HAD ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

CHESTPAIN/
PRESSURE/TIGHTENING _____ ASTHMA _____ KIDNEY DISEASE _____

HYPERTENSION _____ DIZZY SPELLS _____ SHORTNESS OF BREATH _____

HEART ATTACK _____ CANCER _____ TB/ LUNG DISORDER _____

HEADACHES _____ ARTHRITIS _____ SKIN DISORDER _____

STROKE _____ DIABETES _____ ULCERS _____

GLAUCOMA _____ MEMORY LOSS _____ DIFFICULTY HEARING _____

ALLERGIES OR ECZEMA _____ HEPATITIS _____ CATARACTS _____

DEPRESSION _____ HEMORRHOIDS _____ DIGESTIVE PROBLEMS _____

BLOOD IN STOOL _____ FREQUENT URINARY INFECTIONS _____

OTHER (EXPLAIN) _____

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